



**CITY OF CINCINNATI
INCOME TAX DIVISION
NEW ACCOUNT APPLICATION**

Complete this form and send to:

Cincinnati Income Tax Division

805 Central Avenue Suite 600

Cincinnati, OH 45202-5799

Phone: (513) 352-2546 Fax: (513) 352-3855

Website: www.cincinnati-oh.gov/citytax

COMPANY NAME: _____

DBA: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NO: _____ **FAX NO:** _____

SOC. SEC. NO: _____ **FED. ID NO:** _____

CONTACT PERSON: _____

CINCINNATI LOCATION:

(If different from Company Address)

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

LOCAL PHONE NUMBER: _____

EMAIL ADDRESS: _____

LOCAL CONTACT PERSON: _____

TYPE OF BUSINESS ENTITY (Check the box that applies to your business):

- ☐ CORPORATION ☐ S-CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP
☐ LLC ☐ SINGLE MEMBER LLC ☐ JOINT VENTURE ☐ TRUST
☐ VOLUNTARY WITHHOLDER ☐ NON-PROFIT ☐ OTHER _____
(Specify)

NATURE OF BUSINESS: _____ **FISCAL YEAR END** (*Jan through Dec*): _____

WILL YOUR COMPANY CONDUCT BUSINESS WITHIN CINCINNATI? ☐ YES ☐ NO

DATE BUSINESS ACTIVITY BEGAN IN CINCINNATI: _____

WILL YOU HAVE EMPLOYEES SUBJECT TO CINCINNATI WITHHOLDING TAX? ☐ YES ☐ NO

DATE WITHHOLDING ACTIVITY BEGAN IN CINCINNATI: _____

WILL YOUR WITHHOLDING PAYMENTS EXCEED \$300.00 PER MONTH? ☐ YES ☐ NO

NAME OF PAYROLL COMPANY THAT YOU USE (if applicable): _____

PAYROLL COMPANY CONTACT AND PHONE NUMBER: _____

CORPORATION:

NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
PRESIDENT: _____	_____	_____

TREASURER: _____	_____	_____
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PARTNERSHIPS (attach additional sheets if necessary):

PARTNER'S NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
_____	_____	_____
_____	_____	_____

SOLE PROPRIETORSHIP (including Single Member LLC):

OWNER'S NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
_____	_____	_____